

**OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710**

Daniel J. Broderick
Federal Defender

Linda Harter
Chief Assistant Defender

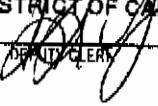
June 15, 2007

Ms. Erin Radekin
Attorney at Law
428 J Street, #350
Sacramento, CA 95814

Re: U.S. v. Bryant Jacobs
Cr.S-05-125-MCE

FILED

JUN 15 2007

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY 
DEPUTY CLERK

Dear Ms. Radekin:

This will confirm your appointment as counsel by the Honorable Kimberly J. Mueller, U.S. Magistrate Judge, to represent the above-named defendant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: Clerk's Office

1. CIR./DIST./DIV. CODE CAE		2. PERSON REPRESENTED JACOBS, Bryant		3. VOUCHER NUMBER					
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 2:05-000125-007		5. APPEALS DKT./DEF. NUMBER					
7. IN CASE/MATTER OF (Case Name) U.S. v. Bedenfield		8. PAYMENT CATEGORY Felony		9. TYPE PERSON REPRESENTED Adult Defendant					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1344A.F -- BANK FRAUD									
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Radekin, Erin 428 J Street, #350 Sacramento CA 95814 Telephone Number: (916) 446-3331			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions)						
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)			Signature of Presiding Judicial Officer or By Order of the Court 10/06/2007 Date of Order Repayment of or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO None Pro Tunc Date						
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW		
15. C o u r t o f C o u r t	a. Arraignment and/or Plea								
	b. Bail and Detention Hearings								
	c. Motion Hearings								
	d. Trial								
	e. Sentencing Hearings								
	f. Revocation Hearings								
	g. Appeals Court								
	h. Other (Specify on additional sheets)								
(Rate per hour = \$ 94)		TOTALS:							
16. O u t o f C o u r t	a. Interviews and Conferences								
	b. Obtaining and reviewing records								
	c. Legal research and brief writing								
	d. Travel time								
	e. Investigative and Other work (Specify on additional sheets)								
(Rate per hour = \$ 94)		TOTALS:							
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)								
18.	Other Expenses (other than expert, transcripts, etc.)								
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION			21. CASE DISPOSITION			
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____			<input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.			Signature of Attorney: _____ Date: _____			
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES			
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER					DATE		28a. JUDGE / MAG. JUDGE CODE		
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. OTHER EXPENSES		33. TOTAL AMT. APPROVED	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment Approved in excess of the statutory threshold amount.						DATE		34a. JUDGE CODE	

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES MAGISTRATE DISTRICT APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF

U.S. vs. Bryant Jacobs

FOR

AT

East Dist of Calif
Sacramento, CA

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

CHARGE/OFFENSE (describe if applicable & check box →) Felony Misdemeanor

1 Defendant - Adult
 2 Defendant - Juvenile
 3 Appellant
 4 Probation Violator
 5 Parole Violator
 6 Habeas Petitioner
 7 2255 Petitioner
 8 Material Witness
 9 Other (Specify) _____

DOCKET NUMBERS
Magistrate
District Court
Court of AppealsEMPLOY-
MENTAre you now employed? Yes No Am Self Employed

Name and address of employer: _____

IF YES, how much do you
earn per month? \$ _____

IF NO, give month and year of last employment

How much did you earn per month? \$ _____

If married is your Spouse employed? Yes No _____

not living w/ wife

IF YES, how much does your
Spouse earn per month? \$ _____If a minor under age 21, what is your Parents or
Guardian's approximate monthly income? \$ _____

ASSETS

OTHER
INCOMEHave you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? Yes No

RECEIVED

SOURCES

IF YES, GIVE THE AMOUNT

\$400

Myers & Valley

RECEIVED & IDENTIFY \$

3 mos of my wife

THE SOURCES

gross \$1800/mo

CASH

Have you any cash on hand or money in savings or checking account Yes No IF YES, state total amount \$ _____PROP-
ERTYDo you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? Yes No

VALUE

DESCRIPTION

IF YES, GIVE THE VALUE AND \$

DESCRIBE IT
